FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OMB AP	PROVAL	
OMB Num Expires: Estimated hours per	average	May 3	1, 2005
	SEC US	E ONLY	
Prefix			Serial
	1	1	

DATE RECEIVED

Name of Offering Participating Share	(☐ check if this is an a s of Pacific Vista, Spc.	mendment and nam	e has changed, and in	ndicate change.)		129	812	6
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506		Section 4(6)	ULOE	
Type of Filing:	☐ New Filing		:			[B	D.I.a COE	J.
		A. BAS	IC IDENTIFICAT	ION DATA			-	201
1. Enter the inform	nation requested about th	e issuer				Al	R 1 9 20	205-
Name of Issuer Pacific Vista, Spc.	check if this is an ar	mendment and name	e has changed, and in	dicate change.				1086
Address of Executive c/o Walkers SPV Li	e Offices mited, PO Box 908GT, G	George Town, Grand	(Number and Street d Cayman, Cayman I		Code)	Telephone No. 949.261.4900		ing Area Code)
Address of Principal (if different from Exe			(Number and Stree	et, City, State, Zip (Code)	Telephone No	PROC	ESSED"
Brief Description of E	Business: Private In	vestment Company	1				APR	2 1 2005
	ganization ☐ corporation ☐ business trust		d partnership, already d partnership, to be fo	rmed V	a Cay	ed liability and r	pecify) FINA empted compa	ny incorporated
	Date of Incorporation or Cooration or Cooration or Organization:	Enter two-letter U.S	Month 0 9 . Postal Service Abbr	0 eviation for State;	3	☐ ⊠ Ac] Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

not required to respond unless the form displays a currently valid OMB control number

		A. BASIC II	DENTIFICATION DAT	Α	
Each beneficial owEach executive off	he issuer, if the is ner having the po icer and director o	suer has been organized wi wer to vote or dispose, or d			a class of equity securities of the issuer; entnership issuers; and
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Seymour, Don			
Business or Residence Add	Iress (Number and	d Street, City, State, Zip Co	de): PO Box 31910 SM	IB, Grand Cayma	n, Cayman Islands
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Watters, Patricia			
Business or Residence Add	dress (Number and	d Street, City, State, Zip Co	de): 2030 Main Street,	Suite 500, Irvine,	California 92614
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number and	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number an	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number an	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number an	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number an	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	dress (Number an	d Street, City, State, Zip Co	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

					В.	INFORM	ATION	ABOUT	OFFER	ING			
			`			· · · · · · · · · · · · · · · · · · ·							
1. Ha	is the issue	r sold, or o	does the is	suer intend			edited inve endix, Col				********	☐ Yes	⊠ No
2. W	hat is the m				accepted :	-							000,000* y be waived
													, <u>55 Wallo</u>
	es the offe											Yes	□ No
an off an	iter the info y commissi ering. If a p d/or with a sociated pe	on or simil person to t state or st	lar remune be listed is ates, list th	ration for s an associ e name of	solicitation ated perso the broke	of purcha n or agent r or dealer	sers in cor t of a broke . If more t	nection wi er or deale han five (5	th sales of r registere b) persons	f securities d with the to be liste	s in the SEC d are		
Full Na	me (Last na	ime first, if	individual)									
Busines	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name o	of Associate	d Broker o	or Dealer					· · · · · · · · · · · · · · · · · · ·					
	n Which Pe												☐ All States
(C [AL]	heck "All St ☐ [AK]		[AR]		s)[CO]						☐ [HI]	[ID]	☐ All States
	☐ [IN]	☐ [IA]	☐ [KS]	□ [KY]	☐ [LA]		☐ [MD]		[MI]	☐ [MN]		[MO]	
		□ [NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [RI]	□ [SC]	☐ [SD]	□ [TN]	□ [TX]	[UT]		□ [VA]	□ [WA]		[WI]	[WY]	□ [PR]	
Full Na	me (Last na	ame first, if	individual)									
Busines	ss or Reside	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip (Code)						
Name o	of Associate	ed Broker o	or Dealer										<u> </u>
	n Which Pe												C All Charles
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	☐ [IN]											☐ [MO]	
	_		□ [NH]								□ [OR]		
□ [RI]	□ [SC]	□ [SD]		_	[עדן]			□ [WA]			□ [WY]		
Full Na	me (Last na	ame first, if	individual)									
Busines	ss or Reside	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip (Code)						
Name o	of Associate	ed Broker o	or Dealer										
	n Which Pe												□ All States
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	☐ [IN]	☐ [IA]		☐ [KY]		☐ [ME]		☐ [MA]	☐ [MI]	☐ [MN]		☐ [MO]	
☐ (MT									-	_ •	☐ [OR]		

C.	OFFERING PRICE.	NUMBER	OF INVESTORS.	EXPENSES	AND USE	OF PROCEEDS

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Aiready Sold
	Debt	. \$	0	\$	0
	Equity	. \$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	. <u>\$</u> _	0	\$	00
	Other (Specify) Participating Shares)	. <u>\$</u> _	500,000,000	\$	486,453,982
	Total	\$	500,000,000	\$	486,453,982
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount Of Purchases
	Accredited Investors		43	\$	486,453,982
	Non-accredited Investors	·	0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.		Types of		Dollar Amount
	Type of Offering		Security		Sold
	Rule 505			<u>\$</u>	N/A_
	Regulation A	·	N/A	. \$	N/A
	Rule 504		N/A		N/A
	Total		N/A	<u>\$</u>	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	· · · · · · · · · · · · · · · · · · ·		\$	
	Printing and Engraving Costs	· · · · · · · · · · · · · · · · · · ·		\$	
	Legal Fees		🖾	\$	65,010
	Accounting Fees	•••••	🗖	\$	
	Engineering Fees	**********		\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)		🗆	\$	
	Total		🗵	\$	65,010

	C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXP	ENSES	AND	USE OF P	ROCEEDS	3
4	b. Enter the difference between the aggregate offering Question 1 and total expenses furnished in response to P "adjusted gross proceeds to the issuer."	art C-Question 4.a. This differe	nce is the	:		<u>\$</u>	499,934,990
5	Indicate below the amount of the adjusted gross proceeds used for each of the purposes shown. If the amount for a estimate and check the box to the left of the estimate. The the adjusted gross proceeds to the issuer set forth in response.	ny purpose is not known, furnish e total of the payments listed mu	an ust equal		Payments to)	
					Officers, Directors & Affiliates		Payments to Others
	Salaries and fees			\$		□	\$
	Purchase of real estate			\$_		□	\$
	Purchase, rental or leasing and installation of mac	hinery and equipment		\$		🗆	\$
	Construction or leasing of plant buildings and facil Acquisition of other businesses (including the valu	e of securities involved in this		<u>\$_</u>		□	\$
	offering that may be used in exchange for the asset pursuant to a merger			\$		□	\$
	Repayment of indebtedness			\$		🗆	\$
	Working capital			\$		🛛	\$ 499,934,990
	Other (specify):			\$		□	\$
				\$		□	\$
	Column Totals			\$		🛛	\$ 499,934,990
	Total payments Listed (column totals added)				☒	\$ 499,934	+,990
		D. FEDERAL SIGNATUR	RE				
CO	s issuer has duly caused this notice to be signed by the un stitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to parag	Securities and Exchange Comm					
	uer (Print or Type) acific Vista, Spc.	Signature Satricia M	atte	ما		Date April 18	8, 2005
	me of Signer (Print or Type)	Title of Signer (Print or Type)					
Pa	tricia Watters	Director					
		-					
						•	
						-	

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Pacific Vista, Spc. ;	Signature Patricia Matters	Date April 18, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Patricia Watters	Director	

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

<u>-</u>			i 1						
				APP	'ENDIX				
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	to non-a	to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOB (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									-
CA		_							
со									
СТ									
DE		1							
DC	_								-
FL GA									
HI									
ID									
iL					}				+
IN		-							-
IA									+
KS									
KY									
LA									+
ME									
ΔM									
MA									
MI									
MN									
MS									

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				APF	PENDIX						
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1	2	2	3			4		5	5		
	to non-ad	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)						
State	Yes	No	Participating Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE NV											
NH											
NJ											
NM						-					
NY									 		
NC						1					
ND											
ОН											
ок				-							
OR											
PA							****				
RI											
sc											
SD											
TN											
TX											
UT											
VT											
VA											
WA											
wv											
WI							112		ļ		
WY									ļ		
PR		X	\$500,000,000	43	\$486,453,982	0	0		X		